

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IO NO.	DATE
FEE DETERMINATION		271530	9/25
O.I.P.E. CLASSIFIER			9-29-99
FORMALITY REVIEW	OK	21423	10-6-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1/02
2	✓	✓	8/8/02
3	✓	✓	1/15/02
4	✓	✓	1/15/02
5	✓	✓	1/15/02
6	✓	✓	1/15/02
7	✓	✓	1/15/02
8	✓	✓	1/15/02
9	✓	✓	1/15/02
10	✓	✓	1/15/02
11	✓	✓	1/15/02
12	✓	✓	1/15/02
13	✓	✓	1/15/02
14	✓	✓	1/15/02
15	✓	✓	1/15/02
16	✓	✓	1/15/02
17	✓	✓	1/15/02
18	✓	✓	1/15/02
19	✓	✓	1/15/02
20	✓	✓	1/15/02
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22	✓	✓	1/15/02
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30	✓	✓	1/15/02
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45	✓	✓	1/15/02
46	✓	✓	1/15/02
47	✓	✓	1/15/02
48	✓	✓	1/15/02
49	✓	✓	1/15/02
50	✓	✓	1/15/02

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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